



Rod. R. Blagojevich, Governor  
Barry Maram, Director

## Illinois Department of Public Aid

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October 27, 2004

Governor Rod R. Blagojevich  
207 State House

House Special Committee on Fee-For-Service Initiatives  
300 State House

Senate Health & Human Services Committee  
M114 State House

Dear General Assembly Member:

Enclosed please find the October progress report in response to the Children's Mental Health screening, assessment and support services (SASS) program memorandum of understanding (MOU). This report is being submitted from the Department of Public Aid on behalf of this department and our sister agencies, the Department of Human Services and the Department of Children and Family Services. This report contains each requirement in the MOU and a brief status report.

For additional information please contact Frank Kopel at the Department of Public Aid at 217.782.3953.

Sincerely,

Anne Marie Murphy, Ph.D.  
Administrator  
Division of Medical Programs

cc: John Filan  
Louanner Peters  
Julie Curry

## Memorandum of Understanding (MOU) Status Report

### Children's Mental Health Screening Initiative

#### Screening, Assessment and Support Services Program

MOU requirement		Action plan/Status
(1)	<p>The Departments will make periodic progress reports to the House Special Committee on Fee-For-Services (or its successor in the 94th General Assembly, if any), the Senate Health &amp; Human Services Committee and the Governor specifically including reports in September, October, November, and December of 2004. These written reports will be prepared as a part of a collaborative effort on the part of the Departments.</p>	<p>The departments are working collaboratively to meet this requirement. The first report was submitted on September 30, 2004. The second report was submitted on October 27, 2004. This status report acts as the November report.</p>
(2)	<p>The Departments will retain third-party evaluator(s) to analyze the program who will provide information to the Departments for a preliminary report within nine months of implementation of this new initiative and for a final report on the first year of implementation by September 30, 2005. This evaluation will be comprehensive and will present the strengths and enhancements needed to assure the program's success. This evaluation will include, but not be limited to:</p> <ul style="list-style-type: none"><li>• A relative cost analysis.</li><li>• An analysis of the quality of care provided to children in this program.</li><li>• An analysis of continuity of care for children and families involved in ongoing treatment.</li><li>• An analysis of the adequacy of providers, networks and referrals for clients.</li><li>• An analysis of the accessibility of providers to clients in their home communities.</li><li>• An analysis of whether this initiative meets the original intent of the law to ensure that children receive mental health treatment in a community based setting where appropriate. It will describe the number of children served and whether there is a reduction in hospitalization for Medicaid children served by this program. It will also address whether length of stays and recidivism in psychiatric hospitals are reduced.</li><li>• An analysis of whether services to children are being provided in a timely fashion, and whether care is being appropriately coordinated.</li><li>• Recommendations for change, based on all analyses, customer satisfaction and other stakeholders' input.</li></ul>	<p>The departments have secured the services of third-party evaluators:</p> <ul style="list-style-type: none"><li>• Northwestern University (NU), under contract with the DCFS, will assist with the program analyses. The contract was renewed on July 1, 2004. The contract is in the 3<sup>rd</sup> year of a 3 year contract.</li><li>• Navigant Consulting, under contract with the DPA, will assist with the analyses of any Medicaid reimbursement initiative. The contract is in the second year of a multi year contract.</li></ul> <p>In addition, one of the appropriations bills provides funding to engage the University of Illinois at Urbana-Champaign (UIUC) to assist in the cost analyses for the mental health (including SASS) and developmental disabilities fee-for-service initiatives. Coordination of analyses across the three programs is occurring.</p>

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MOU requirement		Action plan/Status
(3)	The third-party evaluator will survey a sample of program participants, caregivers, and referents to assess their satisfaction with the program. The sample shall reflect differences in size, geographic location, level of Medicaid billing, and orientation to special populations or services.	The departments are in discussion with NU to adjust the current contract to include customer satisfaction surveys. NU will conduct the surveys. NU will use data gathering, focus groups, and mail surveys.
(4)	The Departments will meet at a minimum every 6 weeks with SASS providers, hospitals, and the Crisis And Referral Entry Services (CARES) phone line provider and consumer representatives to address implementation issues and necessary program enhancements. These meetings will be open to legislators and legislative staff and minutes from the meetings will be available to the public. The final report will make recommendations based on all analyses, customer satisfaction, and other stakeholders' input.	The next SASS stakeholder workgroup meeting is scheduled for December 3, 2004 in Bloomington, IL.
(5)	The Departments will review provider performance. The Departments will establish a monitoring and quality assurance working group, which will review implementation of this program. This group will review both SASS and CARES provider performance and compliance with adherence to the contract both through onsite and offsite monitoring reviews. The request-for-proposals for CARES and the SASS providers outline the monitoring, sanctions and non-compliance remediation and consequences, including alternative vendor selection for non-compliance or non-performance. Details of the working group's activities in the area of monitoring and quality assurance will be included in the report to the House Committee (or its successor), the Senate Committee and the Governor;	<p>A monitoring workgroup has been established with representation from all three departments, the Children's Mental Health Partnership, and SASS agencies from across Illinois. An overall monitoring plan is being developed and a revised plan will be presented at the next SASS Stakeholder meeting on December 3, 2004. The overall plan includes CARES, SASS and hospital objectives.</p> <p>A workgroup is also being established to develop a hospital monitoring plan to assess psychiatric hospital utilization, recidivism and quality issues.</p>

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(6)	The Departments will review provider submitted six-month cost reports so costs and revenues can be assessed early in implementation. The Departments will retain an independent third-party evaluator to review SASS rates and SASS provider costs and shall compare these rates to rates available in other publicly funded programs including other states' programs and if comparable, other private sector programs. The Departments will provide this independent analysis to the House Committee on Fee-for-Service Initiatives (or its successor in the 94th General Assembly, if any), the Senate Health & Human Services Committee and the Governor by March 31, 2005.	The departments will be working with Navigant Consulting and, as appropriate, the UIUC and the other DHS program areas, to review costs and revenues. Since SASS is but a subset of mental health services more generally, this study is being coordinated with the parallel studies undertaken by DHS and that agency's contractor—PNP Associates. A report will be provided by 03/31/05.
(7)	The Departments of Human Services and Children and Family Services will establish procedures to assist children being served by existing providers as the State transitions to this new unified system for SASS.	A transition plan was established that provided 90 days of eligibility for SASS services for all children who were either: <ul style="list-style-type: none"><li>• Enrolled in SASS on 06/30/04.</li><li>• Hospitalized as of 07/01/04 and admitted prior to that date.</li></ul> Over 500 children were enrolled in the unified SASS program due to the transition plan.
(8)	The Departments will utilize a safety net to ensure that access to services is not disrupted. This will include a detailed system for providing technical assistance to providers during implementation. The Departments will ensure that provider training and technical assistance is available, beginning in June 2004, including making technical assistance available on the project website. Additionally, four teleconferences each month will be held and technical assistance and training plans developed for the months of July, August, September and October 2004. In addition, accommodation to the fiscal needs of providers will be made with the use of 3-month advance of payments and a \$42,000 per year minimum access payment.	A training plan was developed in July and August. Teleconferences to provide technical assistance for SASS providers and hospitals are held the first and third Wednesday of each month (the next one is scheduled for December 1, 2004). A help line was established with the DPA (217)524-7110, a dedicated e-mail address was established (sass@ idpa.state.il.us) to facilitate communication.  Each SASS provider has a state department assigned to provide ongoing technical assistance as needed.  Advance payments were established and paid for each LAN.

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(9)	<p>The Departments will establish procedures so children enrolled in the SASS program receive services in the least restrictive setting possible and such services will include as medically appropriate:</p> <ul style="list-style-type: none"> <li>• Crisis screening and assessment.</li> <li>• Psychotherapy .</li> <li>• Case management.</li> <li>• Crisis stabilization.</li> <li>• Intensive family-based services.</li> <li>• Psychological assessment.</li> <li>• Medication monitoring.</li> <li>• Psychotropic medication</li> <li>• Hospitalization.</li> <li>• Medically required transportation for the child.</li> <li>• Family resource developer activities.</li> </ul>	<p>These requirements are specified:</p> <ul style="list-style-type: none"> <li>• A provider handbook, developed and delivered to SASS providers during the course of training, and posted to the DPA internet site.</li> <li>• Relevant administrative rules. Adopted by DHS: 59 Ill. Admin. Code 131, 132. Filed by DPA: 89 Ill. Admin. Code 140, 148.</li> <li>• A policy guide issued by DCFS.</li> <li>• Provider information notices issued by DPA.</li> </ul> <p>These materials will be updated as needed to keep providers and the community informed. A complete reissue of the handbook is planned for December 2004.</p>
(10)	<p>The Departments will establish procedures so the SASS program will serve: (1) all children and adolescents under the age of 21 for whom DCFS is legally responsible; (2) children and adolescents under the age of 18 for whom DHS has been requested to pay for their hospitalization, which includes all undocumented children, all underinsured children and all uninsurable children requesting such service and who otherwise meet the eligibility requirements; and (3) children and adolescents under the age of 21 eligible for DPA's Medical Programs (including those covered by the Department of Public Aid's new presumptive eligibility policy).</p>	<p>These requirements are specified in the provider handbook for SASS, administrative rules and provider notices referenced above.</p>
(11)	<p>The Departments will establish procedures so there is no limit on the number of children that may be served by this program.</p>	<p>Services to children eligible for Medicaid are an entitlement and must, pursuant to federal law, be provided. The rule adopted by DHS (59 Ill. Admin. Code 131) places no limit on the number of children served. As of 11/17/04, 3,902 children were enrolled in the SASS program.</p>
(12)	<p>Any written report agreed to be provided by any party to this MOU must also be provided to the Speaker of the House, the House Minority Leader, the President of the Senate, and the Senate Minority Leader.</p>	<p>See item (1)</p>